

KENTUCKY ASSISTIVE TECHNOLOGY LOAN CORPORATION

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LOAN APPLICATION

This Loan Program is Operated Jointly With
FIFTH THIRD BANK (LOUISVILLE)

Contributing Partners

Developmental Disabilities Planning Council

Education Cabinet

Office of Vocational Rehabilitation

KATS Network

Kentucky Assistive Technology Loan Corporation

PLEASE READ CAREFULLY BEFORE APPLYING

Thank you for requesting a loan application from the Kentucky Assistive Technology Loan Corporation. The information contained in this letter should help you complete the application process. Please feel free to call us if you need assistance or clarification.

How do I apply?

Complete and return the attached applications along with verification of disability, copy of Photo ID, itemized price quote, proof of all income. Follow the checklist below.

Please remember to be as complete and accurate as possible to prevent any delay in processing. These documents are often transmitted via fax and can be hard to read, so please type or write legibly.

Submit the following:

- ☐ **Kentucky Assistive Technology Loan Program Application** (attached)
- ☐ **Photo ID (copy of valid driver's license or Kentucky State ID)**
- ☐ **Bank Credit Application** (attached)
- ☐ **Verification of disability** (see page 2 of the KATLC application.)
- ☐ **Itemized price quote for the specific item to be purchased.**
- ☐ **Proof of all sources of income to be considered by the lender.**

NOTE: Applicant may supply other supporting documentation such as an assistive technology assessment, recommendations from professionals, etc. to explain a need for assistive technology.

What is the Kentucky Assistive Technology Loan Corporation (KATLC)?

The KATLC is a program funded by both private and public money to help Kentuckians with disabilities obtain assistive technology to improve their independence or quality of life. The program is managed by a 7-member Board of Directors.

Who can apply for a loan?

Any person who has been a resident of Kentucky for at least six consecutive months, and who either has a disability that permanently affects a major life activity, or is a parent, guardian or caretaker of a person with a disability. The purpose of the loan must be to purchase assistive technology to be used by the person with a disability.

Kentucky Assistive Technology Loan Application

A nonprofit organization that provides assistive technology to individuals with disabilities may also apply if they can demonstrate how the adaptive equipment will be used for their potential customers.

What can I borrow money for?

Assistive technology is defined as "any item, piece of equipment or device that enables an individual with a disability to improve his or her independence and quality of life." Hearing aids, computers, home modifications, augmentative communication devices, wheelchair ramps, and van lifts are just a few examples. If you are not sure if the item you need qualifies under the program's guidelines, please ask.

How much money can I borrow and for how long?

The minimum amount you can apply for is \$500; the maximum amount is \$25,000. The length of the loan is determined by the life expectancy of the item

What if my credit record is poor, I don't have a job, or I receive funds from many sources?

KATLC, working in conjunction with their financial partner, is able to approve more loans than traditional loan programs because of our more lenient debt-to-income guidelines.

Who approves my loan?

KATLC reviews all applications for eligibility before forwarding to Fifth Third Bank. The lending institution then makes their decision to approve or deny the request. After financial eligibility is determined, the applicant will receive written notification within 7 calendar days.

Please mail the completed application and attachments to:

**Sarah Richardson
KY Assistive Technology Loan Corporation
209 St. Clair Street
Frankfort, KY 40601**

or you may **FAX** your application to **(502) 564-6745**

If you need assistance filling out these forms, alternative format, or if you want to check on the status of your application, please contact KATLC at the above address, or call **toll free 1-877-675-0195**.

Please direct all loan status inquiries to the KATLC Program Director.

Kentucky Assistive Technology Loan Application



KENTUCKY ASSISTIVE TECHNOLOGY LOAN CORPORATION

Building Independence Through Technology

Application for Loan

FOR OFFICIAL USE ONLY

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Name of Applicant:

Address:

City:

County:

Zip:

Home Phone: ()

Work Phone: ()

How long have you resided in Kentucky? years _____ months _____

Have you applied for financial support for the assistive technology elsewhere? If so, please specify:

If you need replies in braille, audio tape, or other special format, please indicate here:

FOR NONPROFIT ORGANIZATIONS ONLY:

Employer ID#: _____ *Include proof of 501(c)(3) status

If applicant does not have a disability, please describe applicant's relationship to the individual with a disability (e.g., parent, sibling, child, guardian, caretaker, etc.):

Name of person who will be using the assistive technology, if different from applicant:

Name the agency or person who referred you to this program.

NATURE OF DISABILITY/NEED FOR ASSISTIVE TECHNOLOGY

Describe the nature of the disability of the individual who will be using the assistive technology and how that disability affects one or more major life activities (attach additional sheets if necessary):



Equal Services Provider M/F/D
Education Cabinet

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KATLC Application for Loan

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Describe the device(s) and/or service(s) that will be purchased and how it/they will compensate for the limitations of the disability or improve the quality of life of the individual who will be using it (attach additional sheets if necessary):

VERIFICATION OF DISABILITY

(Submit **one** of the following)

1. A statement from a licensed, treating medical professional indicating how the disability substantially affects one or more major life activities.
2. Proof of enrollment in one of the following:
 - a. State vocational rehabilitation program;
 - b. Social Security Disability Insurance (SSDI);
 - c. Medicare enrollment based on disability;
 - d. Medicaid enrollment based on disability;
 - e. Veterans Administration enrollment based on current disability;
 - f. Educational services enrollment under an individualized family service plan or individualized education plan, or
3. Other proof of a disability that affects a major life activity as required by KRS 151B.50(6).

I certify, under penalty of law, that the information given in this application packet is correct and complete to the best of my knowledge. I authorize the Kentucky Assistive Technology Loan Corporation Board of Directors to make available to participating qualified lending institutions any and all information contained in this application and other pertinent material submitted with this application. I understand that this information will be used by the qualified lending institution to assist in determining my financial eligibility for a loan.

Signature of Applicant: **X** _____ Date: _____

COMPLETION OF THIS SECTION IS VOLUNTARY. This information is collected for statistical reporting purposes only and will **NOT** be individually identified. Completion of this section is not necessary for consideration of the application.

Age of Person with Disability Who Will Be Using the Assistive Technology: _____

Gender: _____ male _____ female **Primary Language:** _____

Race: _____ American Indian/Eskimo/Aleut _____ Caucasian _____ Asian/Pacific Islander
_____ African-American _____ Other

The Commonwealth of Kentucky and Kentucky Assistive Technology Loan Corporation do not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in the access to, application for, or approval of assistive technology loans.

Kentucky Assistive Technology Loan Application
Release of Information for Required Data Collection Form

The federal government is working with the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA), the University of Illinois at Chicago (UIC) and your state program to submit this information to a secure, web-based data system. All personally identifying information about you is removed, and summary results are then made available to the public at an accessible website.

As part of this data collection process, we would like to invite you to participate in two interviews to provide information: one interview at the time of your initial application, and another follow-up interview (done at 1 month post if funding was denied or not accepted, done at 6 months post if funding was approved and accepted). The initial interview will be completed with a representative from your state program. After the loan decision has been made, personnel from UIC will contact you at a future date for a follow-up phone interview to discuss the impact of the loan program and your feedback about the process. During both of these interviews, you are free to refuse to answer any questions you do not want to answer. You have the right to decline to participate. All responses will be kept confidential and you will not be identified by name or other personally identifying information within the database or in any reports. Your decision to participate or not in this evaluation process will not effect your loan application or participation in other programs.

Release of Information: I consent to releasing this federally required information into the secure database maintained at UIC. I understand that the information submitted will NOT contain my name, address or any other identifying information, and contact information is requested only for UIC to do the follow-up interview with me.

☐ I consent to releasing all required information.

Contact Information for Follow-up Interview by UIC:

Name: _____

Address: _____

Telephone Number _____

Email _____

X _____
Signature of Loan Applicant

Date

State Program Witness

Date

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Opportunity to Participate in Future Research

Would you like to be added to a special database in order to be contacted for future related research projects related to assistive technology use? The database is secure and your name or other identifying information will NOT be released to anyone.

☐ I'm interested in being contacted for future research projects

OR

☐ I'm not interested in being contacted for future research projects

I give permission to add my information to the UIC research database.

X

Signature of Loan Applicant

Date

Contact Information:

Name: _____

Address: _____

Telephone Number _____

Email _____

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Amount of Loan Applied for		Purchase price of Assistive Technology	
Applicant Last Name		First Name	Middle Initial
Street Address		How Long? Yrs _____ Mos _____	
City	County	Zip Code	
Previous Address (If Less Than 2 Years At Present Address)			
Birthdate	Social Security Number	Phone Number ()	Number of Dependents
Name and Location of Bank Where You Maintain Your Primary Account Relationship			
(If Applicable) Employer	Address	Phone Number ()	
Position	Supervisor	Length of Employment	
Previous Employer	Phone Number ()	Length of Employment	
Name of Nearest Relative Not Living With You		Phone Number ()	
Co-Applicant Last Name		First Name	Middle Initial
Street Address		How Long? Yrs _____ Mos _____	
City	County	Zip Code	
Previous Address (If Less Than 2 Years At Present Address)			
Birthdate	Social Security Number	Phone Number ()	Number of Dependents
(If Applicable) Employer	Address	Phone Number ()	
Position	Supervisor	Length of Employment	
Applicant Housing Information Check One: <input type="checkbox"/> Own <input type="checkbox"/> Rent Amount of Monthly Mortgage or Rent Payment \$ _____ <input type="checkbox"/> Live with family member(s)			
Name and Phone Number of Landlord or Mortgage Holder			
(If Owned) Purchase Price	Date of Purchase	Balance	Estimate of Current Value
Gross Annual Income (Child support, alimony or separate maintenance need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.)			
Applicant Salary		Co-Applicant Salary	
Bonus & Commission		Other Income (List Source)	
Interest / Dividend Income		1.	
Rental Income		2.	
		3.	
<i>Total Gross Annual Income, Applicant & Co-Applicant.....\$</i>			
Credit References (List All Obligations, Including Utilities If Applicable; Attach Separate Page If Necessary)			
Name of Creditor		Balance	Monthly Payment
1.			
2.			
Are you obligated to pay child support, alimony or separate maintenance?			
<input type="checkbox"/> No <input type="checkbox"/> Yes		Monthly Amount	\$ _____
Have you ever had a car or other merchandise repossessed? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If Yes, Name of Company _____			
Have you ever filed bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please attach separate sheet with complete explanation & dates.			

X _____
Applicant's Signature, Date

X _____
Co-Applicant Signature, Date

Kentucky Assistive Technology Loan Application

PERSONAL FINANCIAL STATEMENT					
<p>IMPORTANT: Check box "J" if assets are owned, or liabilities are owed, jointly.</p> <p>Indicate how the asset is titled and how much you own or owe in the appropriate schedules below.</p> <p>If additional space is needed, please attach a separate sheet.</p>					
ASSETS	AMOUNT	J	LIABILITIES	AMOUNT	J
Cash on Hand & in Bank (Schedule 1)	\$		Loans Against Real Estate (Schedule 4)	\$	
Savings Certificates (Schedule 1)	\$		Notes payable to Banks	\$	
Stocks and Bonds (Schedule 2)	\$		Credit cards & Other Liabilities:		
Cash Value of Life Insurance (Schedule 3)	\$		1.	\$	
Automobiles / Other Vehicles	\$		2.	\$	
Real Estate (Schedule 4)	\$		3.	\$	
Interest in Business Owned	\$		4.	\$	
Other Assets	\$		TOTAL LIABILITIES	\$	
TOTAL ASSETS	\$		NET WORTH (ASSETS MINUS LIABILITIES)	\$	

SCHEDULE 1 – CASH ON DEPOSIT			
Name and Location of Bank	Balance	Type of Account	In Name Of

SCHEDULE 2 – STOCKS AND BONDS				
# of Shares	Description	Title in Name Of	Market Value	Pledged to Whom

SCHEDULE 3 – LIFE INSURANCE			
Name of Insurance Company	Name of Insured	Face Amount	Cash Value

SCHEDULE 4 – REAL ESTATE					
Description and Location	Market Value	Balance Owed	Mortgage Holder	Mo. Pmt.	Purchase Price

DO NOT COMPLETE THE INFORMATION IN THIS BLOCK UNLESS THE PURPOSE OF THIS LOAN IS HOME IMPROVEMENT.

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the Lender's compliance with Equal Credit Opportunity, Fair Housing, and Home Mortgage Disclosure laws. You are not required to furnish this information, but you are encouraged to do so. The law provides that a Lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under Federal Regulations the Lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish this information, please check below.

<p>APPLICANT</p> <p>____ I do not wish to furnish this information.</p> <p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Race / National origin:</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian or Pacific Islander</p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Other (please specify) _____</p>	<p>CO-APPLICANT</p> <p>____ I do not wish to furnish this information.</p> <p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Race / National origin:</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian or Pacific Islander</p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Other (please specify) _____</p>
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Applicant's Initials, Date

Co-Applicant's Initials, Date

Number of Pages Attached _____ (Note: Applicant and any Co-Applicant must initial each page of attachment.)

Kentucky Assistive Technology Loan Application

Kentucky Assistive Technology Loan Program Initial Contact Form

1. Instructions: Please complete the following table about financing options that have previously been explored related to this AT funding request. If you do not want to complete the table, check the No Response box at the bottom of the table.

	<i>X those that you have EXPLORED</i>	<i>X those that you have APPLIED FOR</i>	<i>X those that you have BEEN DENIED</i>
Funding Source			
Self-pay			
Medicare			
Medicaid			
Medicaid Waiver (e.g., Home and Community-based Waiver)			
Private insurance			
State Department of Rehabilitation/ Vocational Rehabilitation Services			
State Developmental Disabilities funds			
Early childhood (infant/toddler 0-3) funds			
School system funding (K-12)			
Employer funding			
Worker's compensation			
Social Security Disability Insurance (SSDI)			
Supplemental Security Insurance (SSI)			
Traditional bank loan			
Loan or gift from family			
Foundation or community agency			
Other: _____			

☐ No Response

2. Whose income level is being used to process this AT funding request?

3. Does the AT user currently work for pay or profit?

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4. How would you characterize the community of the AT user (urban, suburban, or rural)?

5. What other resources were offered to the applicant to obtain the requested AT?

X

Signature of Applicant